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ABSTRACT

The analysis described here focuses on the social construction of deviants and deviance as reflected in data collected from one day care center and the seven therapeutic settings used by the day care staff for referral of problem children. In the first part of the analysis, the day care program is characterized and the normal social status of the child is extracted from the data. In the second part of the analysis, the impact of the program's common sensical and social organizational approaches to the labeling and referral of preschool children is described. Specifically discussed are (1) the influence of these factors on the day care staff's interpretation of behavior, (2) identification of children as deviant, (3) use of typifications, (4) attribution of responsibility, and (5) routinization of staff's official reaction. In the third part of the analysis, the therapeutic programs are described and compared to the day care program. Comparisons are also made between a child's normal and deviant statuses and between the status transitions of children and parents. In a concluding discussion, implications of the data for labeling theory are indicated; these involve differentials in social status and the organized ideology and practice of agents of control, and emphasize the socially organized character of labeling processes. (RH)

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Specifying Labeling Theory:

The Case of the Young Child and Psychoanalytic Agents of Control

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Abstract

Normal and deviant statuses of young children are extracted from data regarding the labeling and referral of young children from a psychoanalytically oriented day care center for preschoolers considered normal to psychoanalytically oriented therapeutic settings for preschoolers identified as emotionally disturbed. Observational, interview, and documentary data were collected over three years, 1975-1978, from one day care center and the seven therapeutic settings used by the day care staff for the referral of problematic children. On the basis of these data, the following two features of labeling theory are questioned: 1) an individual experiences a sharp rite of transition when moving from a normal status to a deviant status; and 2) an individual makes the transition alone. These are not necessarily processural features of identifying a young child as emotionally disturbed. The theoretical implications of the data for labeling theory are in highlighting as cultural variales 1) the normal status of a person prior to being labeled and 2) prevalent views of agents of control concerning the etiology of deviance.

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Contributors to labeling theory (e.g., K. Erikson, 1967:294-304) have discussed the notion of a "sharp rite of transition" as a universal characteristic of labeling processes. They also have described labeling processes as if each individual makes a transition from a normal social status to a deviant social status alone (as in Garfinkel, 1956). These aspects of labeling theory are questioned here with data on the labeling and referral of young children from a psychoanalytically-oriented day care program for preschoolers considered normal to psychoanalytically-oriented therapeutic programs for preschoolers considered emotionally disturbed. The specification of labeling theory pivots upon an explication of the roles of common sensical and social organizational factors in labeling processes.

Common Sensical Factors

The common sensical factors important to this analysis are two broad cultural themes which mark a young child's normal and deviant social statuses as different from those of an adult. The themes are 1) a young child is an incomplete person; and 2) a parent is a causal agent in a child's completion. These themes are elements of Western cultures (Ariès, 1962) and perhaps others (Boli-Bennett and Meyer, 1978). They are taken for granted and not often articulated in words per se. However, they are revealed in routine interactions among members of the culture. The history of these themes may be traced to the social scientific foundations of the day care and therapeutic programs.

a) History of the themes. According to Ariès (1962), the contemporary Western notion of a young child as a person whose body is to be protected,

whose characters it to be molded, and whose mind is to be developed by adults has its roots in seventeenth century Europe. At this time, children began being differentiated from adults in ways additional to size. They were viewed and treated as objects worthy of an adult's serious attention. The new attitude toward children initially was espoused by a minority of moralists and pedagogues. However, it eventually became commonplace. By the close of the eighteenth century, it had filtered into European family life.

The essence of the European view was transported to America via the English literature on child-rearing practices (Sunley, 1955). During the 1800's, Americans began producing their own literature on the nature and nurture of children (Sunley, 1955). In this literature, as in the European literature, a child was portrayed as incomplete in contrast to an adult, and a child's development was portrayed as inextricably bound to a parent's, particularly a mother's (Sunley, 1955:151-153; Wishey, 1968:26-28; Bloom, 1976:191; and Kessen, 1979:819), child-rearing practices.

At the turn of the 19th to 20th century, the themes became matters of scientific concern. G. Stanley Hall initiated the study of child development (Cavallo, 1976:510) by embracing and elaborating upon the view of a young child as an incomplete person. He (1904:1-3 and 202-236) posited that a child's development proceeds in a definite series of stages. Sigmund Freud (1915-17:312-347) also embraced this view of a child and posited the existence of stages specifically regarding the psycho-sexual development of an individual. Freud actually revolutionized the field of psychiatry (Ackerknecht, 1959:80; and Alexander and Selesnick, 1966:4-5) by embracing and elaborating the view of a young child's undeveloped nature as well as the view of a parent's role in nurturing a child's nature.[1] Freud particularly focused on a parent's role as a causal or contributing agent in a young child's

problematic development. With few exceptions (e.g., Denzin, 1977; and Skolnick, 1978), these views are held by contemporary professionals. They enter professional works as unquestioned assumptions on the nature and nurture of children (Mackay, 1974; and Kessen, 1979:818).

The scientific traditions established by Hall in psychology and Freud in psychiatry influenced the day care and therapeutic programs. Staffs relied upon these traditions for legitimation of and guidance in their work with children and families. They principally relied on a psychoanalytic tradition established by Sigmund Freud (1909), Anna Freud (1935, 1946, 1965, and 1966), Erik Erikson (1950, 1968, and 1977), Bruno Bettelheim (1950, 1955, 1967, 1969, 1974, and 1975), Selma Fraiberg (1959), and Margaret Mahler (with Pine and Bergman, 1975). These were the authors and texts most frequently cited as important to staffs. Though staffs admitted to additional sources of influence, a psychoanalytic tradition was their "point of departure," "orientation," "perspective," "therapeutic approach," or an integral part of their "eclectic theoretical framework." It gave shape to the staffs' work with children and parents to the extent that other sources of influence were interpreted in light of their psychoanalytic orientation.[2] Staff tended to select and emphasize certain themes of the tradition--specifically, 1) a child's developmental incompleteness and dependence upon adults and 2) a parent's role in a child's misbehavior or faulty development.

Social Organizational Factors

The social organizational factors important to this analysis are those patterns in ideology and practice which are consistent with a psychoanalytic orientation and which further articulate the broad cultural themes at the foundation of the day care and therapeutic programs. These patterns include the following:

a) Use of the language of child development. Staffs used general child developmental terms, such as "cognitive development" and "emotional development." Their organizational goals were expressed in these terms and their divisions of labor reflected their classifications of a child's developmental needs. They also used psychoanalytic terms, such as "separation anxiety," "castration anxiety," and "lack of impulse control," in describing and categorizing a child's problems.

b) The importance of a child's age. The day care and therapeutic programs were organized on the basis of age. Staffs differentiated children from adults. By virtue of their age, children were thought to be undeveloped and in need of being developed. By virtue of their age, adults were thought to be developed and needed to foster the development of children. Consequently, staffs, as adults, took responsibility for the development of children. References to a child's dependence upon adults for developmental growth appear throughout the psychoanalytic works which staffs found useful. (See A. Freud, 1935:18-19 and 34; and especially 1946:52-54; Bettelheim, 1950:27-35; Erikson, 1950:408; Fraiberg, 1959:147; and Mahler, Pine, and Bergman, 1975:227.)

The importance of a child's age was articulated further in the staffs' assessments of a child's developmental progress. Assessments were based on the staffs' notions of whether certain behaviors and thoughts were "age appropriate" or not. Concern over "age appropriate" or "age adequate" development also appears throughout the psychoanalytic literature. (See, e.g., A. Freud, 1935:93; 1946:92-93; and 1965:139, 141, and 179; Fraiberg, 1959:75, 161, 214, 230, and 248; and Mahler, Pine, and Bergman, 1974:145, 184, and 193.)

c) Roles, role conflict, and competition. Staffs differentiated among adults. There were staff and there were parents. From the staffs' perspective, adults in the role of staff were professional socializers; and adults in the

role of parent were deficient socializers who contributed to a child's developmental problems. Day care staff were organized to reeducate parents about appropriate child-rearing practices, and therapeutic staffs were organized to treat parents. The staffs' efforts to reeducate and treat parents were means of achieving major organizational goals. Specifically, the day care staff's resocialization effort was a means of achieving the normal or better-than-normal development of children. The therapeutic staffs' treatment efforts were a means of correcting the development of children.

1. Parents of normal children; the importance of economic class. Day care staff differentiated among parents. There were working- and middle-class parents. From their perspective, working-class parents, by virtue of their economic class, are poorer socializers of children than middle-class parents. The home environments they provide and the child-rearing practices they use eventually create developmental problems in their children. Since children in the day care program were predominately from working-class families, staff believed they had to compensate for the children's deprived home environments and the faulty child-rearing practices their parents employed. A bias in favor of a middle-class style of life may be found in the psychoanalytic literature. (See A. Freud, 1935:12, 15, 35-36, 75-76, and 83; Fraiberg, 1959: 81, 91, 111, and 297; and Mahler, Pine, and Bergman, 1975:30.)

2. Parents of children with problems of emotional development; the importance of affective bonds. The staffs' beliefs about a parent's role in a child's emotional development, as distinguished from cognitive or general developmental concerns, were quite elaborate and yet fully consistent with a psychoanalytic tradition. Staffs believed that a child's emotional development hinged upon an affective bond between parent and child or, in the absence of a parent, between a nurturant, attentive adult and child. Their programs

reflected these beliefs. Certain members of the staffs, usually social workers, specialized in ensuring the emotional growth of children. They advised child care workers (typically called "teachers") on the importance of affectful classroom interactions. They fostered a child's attachment to a particular social worker by providing extra private time, as in play therapy sessions, between the child and worker. They also promoted attachments by being generally permissive. They believed that a child's attachment to a staff member enabled that staff member to monitor and, if necessary, correct the child's emotional development.

The notion that a child's emotional development hinges upon an affective parent-child relationship is an axiom of Freud's (1915-1917) and Erikson's (1950:207 and 249) theoretical works. References to the importance of affective parent-child bonds, with an emphasis on mother-child bonds, appear throughout the literature found useful by staffs. (See Bettelheim, 1950:18 and 21; Fraiberg, 1959:37, 45, 56, 245-246, 291, 292, and 297-299; and Mahler, Pine, and Bergman, 1975:197.) In this literature, developmental problems are discussed as the result of faulty parent-child relationships (e.g., Bettelheim, 1950:29 and 33). Therapeutic staff may treat emotionally disturbed children by having these children establish affective bonds with them (A. Freud, 1946: 45; Bettelheim, 1950:35; and 1955:171-172, 303, 401, 426, and 445). A staff-child attachment is a healthy substitute for a faulty parent-child bond (Bettelheim, 1950:30-31; and 1955:470). To facilitate attachments, adults should focus on feelings (Bettelheim, 1950:17 and 21) and use permissive child-rearing practices (A. Freud, 1946:10-13; and Bettelheim, 1950:15).

3. Antagonism between professional and parent. In general, staffs cast parents in an antagonistic role. A parent was viewed as a deficient socializer and, hence, treated as an obstacle to the staffs' major organizational

goals to produce perfectly developed children and correct the faulty development of children. The antagonism between staffs and parents was in the form of role conflict over appropriate child-rearing practices and competition over a child's affection. References to antagonism between professional and parent also appear in the psychoanalytic literature. A. Freud (1946:43-44, 52-54, 76, and 85-86; and 1965:48, 214, and 217-218) and Mahler, Pine, and Bergman (1975:31 and 33) generally referred to an antagonism between professional and parent. Bettelheim (1955:51, 156-157, 277, 287-288, 329, 358, and 468) cited specific cases. Conflict and competition was discussed in reference to staff in the role of counselor or analyst (Bettelheim, 1950:174) and also to staff in the role of teacher (Bettelheim, 1950:173-174).

d) Use of metaphorical interpretations. A view of a parent as a causal or contributing agent to a child's faulty development principally functions as a tenet of the psychoanalytic literature. (See Erikson, 1950:207; and Bettelheim, 1950:29.) Among staffs, it principally functioned as an ideological assumption. Staffs tended to assume, rather than assess on the basis of direct evidence, a parent's role in a child's developmental problems. Consequently, there were few routinized procedures and organized opportunities for gathering direct data on a parent's behavior. Instead, staffs used a child's behavior within the context of their programs as a valid indicator of a parent's behavior at home. Interpretations of a child's behavior as if it were a projection of a parent's faulty child-rearing practices allowed staffs to garner support for their view of parents without gathering data. Play therapy sessions with children were used as a special form and context for such metaphorical interpretations. Metaphorical interpretations appear throughout the psychoanalytic literature. (See S. Freud, 1909; Fraiberg, 1959:18-19, 207-209, and 235-236; Bettelheim, 1967:285, 321, 324, and 338-339;

and Mahler, Pine, and Bergman, 1975:13-16, 50fn., 129, 131, 135, 162, and 165-166.) Additionally, play therapy is advocated as an important tool in the analysis of children. (See Erikson, 1950:221-223; and 1977; and A. Freud, 1965:50-51.)

The common sensical themes and social organizational features of the day care and therapeutic programs influenced the labeling and referral of preschoolers from one setting to another. These patterns in ideology and practice were integral elements of the proximate cultures whose boundaries staffs attempted to maintain. Explication of the patterns associated with viewing a young child as an incomplete person aids in characterizing a young child's transition from a normal social status to a deviant social status as different from that experienced by adults and described by labeling theorists. Explication of the patterns associated with viewing a parent as a causal or contributing agent in a young child's problematic development calls attention to a process of "co-deviant labeling " described by Suchar (1972 and 1978) in his investigation of a psychoanalytic therapeutic program similar to those considered here. In Suchar's study and this study, both child and parents were labeled and treated in accordance with a psychoanalytic understanding of a child's emotional disturbance. A young child did not make a transition from a normal to a deviant social status alone, because staffs viewed and treated parents as responsible for a young child's, an incomplete person's, problematic development.

The data are presented in the order that children and parents of the day care program experienced labeling and referral processes. In the first part of the analysis, the day care program is characterized, and a child's normal social staus is extracted from the data. In the second part of the analysis, the impact of the day care program's common sensical and social

organizational features on the labeling and referral of young children is described. Specifically, the influence of these factors on the day care staff's interpretation of behavior, identification of children as deviant, use of typifications, attribution of responsibility, and routinization of their official reaction is discussed. (See Hawkins and Tiedeman, 1975:42-109.) In the third part of the analysis, the therapeutic programs are described and compared to the day care program. Comparisons also are made between a child's normal and deviant social statuses and between the status transitions of children and parents. In a concluding discussion, differentials in status transitions are used to specify labeling theory.

In general, the analysis is consistent with a number of studies (e.g., Cicourel and Kitsuse, 1963; Sudnow, 1965; Currie, 1968; Emerson, 1969; Wilkins, 1970; Wiseman, 1970; and Rains, 1971) focused on the social construction of deviants and deviance. (See Kitsuse, 1975:281.) It adds to the literature information on the socially organized character of labeling processes, particularly those involving young children (cf. Blum, 1970:39).

THE DATA BASE[3]

Observational, interview, and documentary data were collected over three years, 1975 to 1978, from one day care and seven therapeutic progarams for preschoolers in the Chicago area. An in-depth case study of the day care center was made, involving observations of classroom interactions, staff meetings, parent meetings, and social events; interviews with children, parents, and staff; and an analysis of various records. The population of children at the center was heterogeneous regarding race/ethnicity (Blacks, Latinos, and other whites) and homogeneous regarding economic class. All children but one came from working-class families.

The seven therapeutic programs, used by the day care staff in the referral

of problematic children, were surveyed. The survey included interviews with staff members, observations of classroom interactions and therapy sessions, and the collection of documents. One agency provided clinical services for out-patients. The other six agencies provided day school programs like the day care program. These six agencies constituted 21% of the day school programs available for emotionally disturbed children in the Chicago area.[4]

ANALYSIS

Part I

Social Organization of the Day Care Program

The entire day care program was focused on child development issues. The staff's major organizational goal was the normal or better-than-normal development of children, and the division of labor among staff--director, teachers, and social workers--reflected this goal.

The director was committed to providing "quality day care"--"an enriching, stimulating experience for the children...and not merely custodial care." According to the director, the educational model for the program was the "developmental-interaction model," established at the Bank Street College of Education in New York, where both cognitive and emotional growth are emphasized. The educational model is rooted in the work of cognitive developmentalists, such as Jean Piaget, and psychoanalytic developmentalists, such as Sigmund Freud and Erik Erikson (Evans, 1975:72-78; and Franklin and Biber, 1977:17-28). The director's main task was to oversee and guide teachers and social workers in their efforts to implement the model in their relations with children and parents.

Accordingly, teachers were concerned primarily with fostering children's cognitive growth. Consistent with their understanding of Piaget's work, they devoted the largest percentage of their time to maintaining open classrooms

where children could actively explore the environment on their own or with relatively minimal intervention from adults. However, it was the teachers' responsibility to provide children with the opportunity for such exploration, called "free play time," in terms of specified times, places, and materials. In addition, teachers provided direct instruction on numbers, shapes, colors, etc., during limited periods each day.

Social workers, complementing the teachers' efforts were concerned primarily with monitoring and fostering children's emotional development. They specifically relied on Anna Freud's and Erik Erikson's works for guidance and, hence, had principal responsibility for implementing the psychoanalytic dimension of the developmental-interaction model. From the social workers' perspective, they needed to have children establish affective bonds with them in order to monitor and foster their emotional development. They prompted the establishment of affective bonds in two ways. One way was by purposely avoiding involvement in disciplining children. The second was through the use of play therapy, in the form of puppet play, as a psychological projective technique. These therapy sessions were special, private times between social worker and child.

Social workers advised teachers of what they learned from puppet play sessions about a child's emotional development and home life. They also advised teachers on a number of other matters deemed important for fostering emotional development. These matters included the importance of avoiding physical expressions of hostility and the importance of providing each child with warm, nurturant individual attention.

In addition to educational concerns, staff had socio-political concerns. They were interested in keeping the center free of prejudice and discrimination, particularly regarding the bases of race/ethnicity and class. They

wished to instill in children a sense of identity with their racial/ethnic backgrounds, while fostering in them a respect for other cultural groups. Accordingly, staff maintained mixed staff- and child-populations in the center's classrooms, as well as mixed activity groups within each classroom. They collected program materials considered to be culturally diverse but value-free. They constructed special cultural events, such as a Christmas celebration with a Black Santa Claus and a piñata filled with tootsie rolls.

In general, staff attempted to socialize children at the center by providing them with an environment which they considered not only physically safe but also cognitively stimulating, affectively nurturant, and socio-politically just. All staff believed it was their responsibility to foster a child's development, and all staff cooperated with one another to provide an environment conducive to a child's development. On a routine basis, five days a week, they took responsibility for the development of children at the center. In addition, they took credit for what they perceived to be a child's substantial developmental progress:

> A teacher said, "You know, today for the first time I heard Peter sing, 'Row, row, row your boat; row, row, row your boat.'"...Another teacher said, "Well, that's because I sang that with him this morning."

From the staff's perspective, provision of a developmentally stimulating environment is an adult's responsibility and a necessary condition for a child's growth. In other words, from their perspective, a child needs an adult to make a successful transition from incomplete to complete person:

> A teacher said, "So I try, like with my own kids. I told them I did all sorts of things with them--took them different places so that, when they grew up, they would be

interesting people, whole persons."

While staff viewed themselves as responsible for a child's proper development, they viewed parents as responsible for a child's improper development. Staff believed parents employed improper child-rearing practices at home and that these improper practices were at the root of whatever faulty development children manifested at the center. For example, the vast majority of parents (29 out of 31 sets, or 94%) reported using spanking as a form of discipline for their children. However, staff believed spanking was not conducive to the normal, healthy emotional development of children. It provided children with an inappropriate model for resolving conflict. In addition, the head psychiatric social worker associated spanking with "aggressively anxious" children, those most troublesome for day care staff.

In general, staff differentiated their child-rearing practices from those of the children's parents on the basis of diffuse notions of economic class. The child-rearing practices which staff viewed as most conducive to a child's development were the ones they used with children at the center. These same child-rearing practices were described by staff as characteristic of middle-class parents but uncharacteristic of the working-class parents of the center. Staff perceived working-class parents as typically providing culturally deprived and emotionally unhealthy environments. They characterized a culturally deprived environment as one where field trips and a child's active exploration of a large variety of objects are replaced by passive television viewing. They characterized the parents themselves (particularly mothers) as having too little time for a child, as being relatively inattentive, uninvolved, poorly educated, and as having poor language ability. An emotionally unhealthy environment was thought to consist of parents (particularly mothers) who have little understanding of a child and child development, no patience

with a child, are unclear or inconsistent in setting limits and specifying expectations of a child, and use spanking as the predominant form of punishment instead of explanation and verbalization of feelings.

Staff had some knowledge of the parents' situations through various communications at the center. For example, staff knew parents were working class and proponents of spanking. In general, however, staff had little direct data on how these parents lived or reared their children. They were not allowed, as a matter of policy, to visit families in their homes. They also had little comparative data on how middle-class parents may differ, if at all, from working-class ones. Gaps in the staff's knowledge were filled with assumptions regarding a parent's role in a child's development and with inferences regarding a parent's behavior at home. These inferences were based on observations of a child's behavior at the center. For example, during a play therapy session, I observed a child pretending to eat a baby-like doll. The head psychiatric social worker commented on this to me:

> "Kim has two older siblings and now a new baby. She's not getting the attention she used to." I asked how she knew this. She said, "Well, I assume it. I don't have any direct evidence....Kim has castration anxiety. Remember when she was pulling the crown, beard, and nose off the king. She doesn't get enough attention from her father."

Consistent with their view of the importance of a parent's child-rearing practices for a child's development and their assumptions regarding a working-class parent's use of faulty child-rearing practices, it was important for staff to impart to parents their expertise in child-rearing issues. And they routinely did so. They attempted to resocialize parents as an added effort in accomplishing their major organizational goal.

The staff's resocialization effort was usually in the form of verbal messages during general "parent education meetings"; formal private "conferences" with parents on a child's progress or problems; and informal conversations for "establishing" and "maintaining" good staff-parent relationships. Staff used these meetings, conferences, and conversations to communicate their views on child-rearing practices. An analysis of both observational and interview data indicated that over 50% of messages from staff to parents during parent education meetings concerned child-rearing practices, such as the importance of eliminating spanking as a form of punishment and of appreciating a child's school work and handicrafts. Most other messages concerned general child-development issues, such as age-appropriate behavior for three, four, and five year old children.

An analysis of parents' responses to interview items on private conferences and informal conversations with staff also indicated the staff's overriding concern with child-rearing practices, as well as the division of labor between teachers and social workers regarding issues of cognitive and emotional development. (See Table 1.) The number of messages on a child's behavior is also noteworthy. The large majority of these regard inappropriate behavior, such as tantrums and fighting. Such behavior, if it persisted, eventually was interpreted by social workers as an expression of a child's emotional problems.

Insert Table 1 about here

A detailed analysis of the 26 messages on child-rearing practices indicated that 17 of these (65%) are paired with messages generally concerning a child's behavior or development. Eleven of these 17 pairs (65%) are messages of negative import, communicating a staff-perceived problem to a parent, as well as what a staff member believed the parent should do about the problem.

For example, a mother was told that her son fights (coded as negative behavior) and advised to be more patient, meet him half way, and not to scold as much (coded as input to child-rearing practices). Th ough this kind of input to a parent's child-rearing practices, staff interactionally manifested their view of a parent as responsible for a child's misbehavior or faulty development.

A young child's normal social status. In summary, staff attempted to socialize children at the center. They called their socialization effort "quality day care." Their effort included instruction on numbers, colors, shapes; how to verbally express hostile feelings; and the instilling of a sense of group identity and respect for cultural pluralism. Congealed in the staff's routine interactions with children is a view of a child as relatively incomplete, as well as culturally undifferentiated.

In contrast, staff attempted to resocialize parents. They called their resocialization effort "parent education," "conferences," and "maintaining" or "establishing good relations." Their effort primarily consisted of messages regarding those child-rearing practices which staff used at the center and also attributed to middle-class parents. Congealed in their routine interactions with parents is a view of an adult as complete, due to either proper or improper previous socialization, and, hence, differentiated. Though adults conceivably may be differentiated from one another in many ways, staff primarily differentiated the children's parents from other adults (i.e., themselves and middle-class parents) on the basis of economic class.

What is noteworthy about the staff's contrasting treatment of children and adults is that they did not hold children responsible for their own behavior. This does not mean that, at any given moment, staff would not praise a child for doing something right or reprimand a child for doing something

wrong. Staff did this. They held children accountable for various behaviors as part of their socialization effort. However, staff took responsibility for a child's proper development and credit for a child's developmental progress. In addition, by virtue of their resocialization effort, staff attributed responsibility to a child's parents for what they interpreted as a child's misbehavior or faulty development. Through the staff's socialization and resocialization efforts, responsibility for a child's completion was either taken by or attributed to the adults in a child's environment. From the staff's perspective, a child needs an adult (particularly a staff member) to make a successful transition from incomplete to complete person, just as a child needs an adult (particularly a parent) to obstruct or arrest this transition. In neither case is a child attributed with responsibility for his/her own actions which are taken as indicators of either successful or unsuccessful movement in the direction of becoming a complete person.

A view of a child as "not responsible" is an integral element of a child's normal social status vis à vis an adult. This element of a child's status was maintained not only in the staff's routine interactions with children and parents but also in the following extraordinary interactions occasioned by the labeling and referral of problematic children and parents to therapeutic programs.

Part II

Labeling and Referral Processes

This section of the analysis documents the influence of the day care program's common sensical and social organizational features on labeling and referral processes. The influence of these factors on the staff's interpretation of behavior, identification of children as deviant, use of typifications, attribution of responsibility, and routinization of their official

reaction is discussed.

a) The interpretation of behavior. The daily routine at the center was comprised of a host of appropriate behaviors which were bound by strict spatial and temporal parameters set by staff. For example, it was appropriate for a child to engage in "water play" at the "water table" during "free play time." However, it was inappropriate for a child to engage in "water play" in the washroom or during "circle time." Children were expected to participate in the daily routine, and no special attention typically was given them when they did. However, a child whom staff noted as failing to participate was instructed how to participate, told to participate, or partially isolated in a "cubby."[5] In this way, staff held a child accountable for his/her own actions. To do so was part of the staff's socialization effort. If a child persistently failed to participate in the daily routine, staff repeated their initial reaction. This was misbehavior with which staff could cope.

There also was behavior which was unbound by spatial and temporal parameters. This kind of behavior was interpreted by staff in developmental terms. As such, it was linked to the staff's success or failure in achieving organizational goals. For example, it was appropriate at almost any time or place for a child to give the right answer to a question about numbers, shapes, colors, etc.[6] This kind of behavior was interpreted as an indication of a child's cognitive ability. Thus, it was a measure of the staff's success in achieving an organizational goal. Staff typically praised such behavior. In contrast, it was inappropriate at virtually any time or place for a child to kick, bite, shove, or, in general, by physically hostile. Not even "play fighting" was tolerated by staff. This kind of misbehavior was interpreted an an indication of a child's faulty emotional development. Thus, it was a measure of the staff's failure to produce, in every case, properly developed

children. This kind of misbehavior was problematic. The staff's initial reaction to problematic behavior was, as before, to hold the child accountable for it by verbally correcting or partially isolating the child. However, subsequent reactions to a child's persistent display of problematic behavior differed from the initial reaction. Given the social organization of the day care program, this child was problematic. This was misbehavior with which staff had a difficult time coping.

b) Identification of an "emotionally disturbed" child. A persistent display of problematic behavior was not interpreted by staff as an indication of, e.g., the child's malicious personality. Rather, it was interpreted as an expression of a developmental problem that could be explained by an entity or factor beyond the child's control. Consequently, the staff's reactions to a child's persistent display of problematic behavior relieved the child of responsibility for the misbehavior. Eventually, the child was not even corrected by staff nor, thus, held accountable for it. Specifically, the staff's first step in relieving a child of responsibility was to take responsibility themselves for the misbehavior. Staff adjusted their own practices with a child to effect change in the child's behavior. For example, they spent extra time with a child whose cognitive growth, in their estimation, was not "age appropriate;" and they monitored and assessed the child's behavior over a number of months. If, in their estimation, a child did not respond satisfactorily to their added efforts, they began to search for what they thought was a fundamental explanation for problematic behavior. This search was the staff's second step in relieving a child of responsibility.

From their perspective, there were two fundamental explanations for a child's problematic behavior. Both explanations are causal ones. One is that the problem has an organic base. Staff checked this explanation with a

physician or developmental disabilities diagnostician. The second one is that the problem is rooted in the child's family. This explanation was assumed to be true, if staff did not suspect that the problem was wholly organic or if a physician or diagnostician disconfirmed their suspicion of an organic base. Consider the following case as an illustration.

George's problematic behavior was poor speech. It was very difficult for staff to understand him. Staff worked with George for approximately nine months before they initiated conferences with his parents and then scheduled a diagnostic session for him at a developmental disabilities center. George's social worker at the day care center wrote a caseworker summary for the diagnostician. The following two excerpts are from the summary. The first excerpt concerns the social worker's "Contact with Parents:"

> I have had only one formal interview with Mrs. W, although I have spoken briefly to her several times when she came to pick George up in the evening. In the first few minutes of any encounter with Mrs. W, I have felt that she is slightly withdrawn, unresponsive, and somewhat defensive. As the conversation continues, however, she seems to relax and shows more capacity for warmth. In contacts with other Center staff and with other parents, she seems quiet and reserved. She expressed concern and feeling for George during our interview but her affect was somewhat blunted. Mrs. W doesn't seem comfortable with any display of emotion with George at the Center. I have had no contact with Mr. W.

The last section of the document is the social worker's "Caseworker Evaluation":

> Because of Mrs. W's affect distancing, there may be problems in the relationship between George and his mother. Since his development has been so atypical, however, we need to further investigate other reasons for his delayed cognitive and verbal functioning.

The difference between what the social worker knew vs. assumed about George's family life is obvious. She believed that his problem was rooted, at least partially, in a faulty mother-child relationship. The diagnostician recommended speech therapy for George, which he received as an out-patient at the developmental disabilities center. However, at a later date, day care staff attempted to refer George and his mother to a psychoanalytically-oriented therapeutic program for treatment of "emotional problems." Mrs. W resisted this referral for George and herself.

George had been identified as emotionally disturbed. "Emotionally disturbed" was a typification (Schutz, 1963:314-318) used by day care staff. It represented a variety of problematic behaviors. However, it invariably meant that a child's problematic behavior was an expression of faulty development, that the child was not responsible for his/her own misbehavior, but that the child's parents were responsible because of their use of inappropriate child-rearing practices or, more specifically, because of their failure to establish a proper parent-child bond.

The typification and the process by which staff achieved this classification of a child reflected common sensical and social organizational features of the staff's program for normal children. The typification was expressed in child developmental terms. It stood for the same configuration of relieving and assigning responsibility for a child's actions as the staff practiced in their routine relations with children and parents. To achieve this

classification of a child, staff amassed data on a child's behavior at the center, while they assumed information about a parent's behavior at home. Assumptions regarding a parent's behavior at home typically were inferences based largely on observations of a child's behavior at the center. Staff organized very few opportunities for gathering direct information on or from parents.

In this labeling process, a parent's "essential self" changed more than a child's "essential self." (Cf. Hawkins and Tiedeman, 1975:93-96.) From the staff's perspective, a parent was the wrong doer. Staff discussed problematic behavior with parents, not children. Parents turned away from labels or gave accounts to explain or justify their role in their child's development. Children did not offer nor were they requested to take a role in the attribution of responsibility. (Cf. Hawkins and Tiedeman, 1975:96-98.)

c) Routinization of the referral process. From 1970 (the year the center opened) through 1977, staff placed or attempted to refer 14 children to other professionals or agencies for special help. In 12 of the 14 cases (86%), staff attributed total (8, or 66%) or partial (4, or 33%) responsibility for a child's problems to the child's parents. The director and teachers described these children's problems in behavioral terms, such as "slow," "exceptionally active," or "always running, hitting, fighting." Social workers, who specialized in issues of emotional development and who were in charge of the mechanics of referral, diagnosed these children as emotionally disturbed. Identifying a child as emotionally disturbed was tantamount to implicating parents as causal or contributing agents to the problem.

Consistent with their psychoanalytic orientation to matters of emotional development, social workers referred or attempted to refer these children to psychoanalytic agencies where child and parents would be treated. Consequently,

staff placed or attempted to refer both child and parents for therapy. Even though it was a child who manifested a "problem" at the center, staff viewed parents as the total or partial cause of the problem and sometimes as the problem itself:

> Larry's problem was a lot of marital conflict. His mother and father had a lot of conflict, and his grandmother was in the home, and I think Larry was in the middle...

Parents generally resisted the staff's attempts at referrals. Specifically, staff were successful in referring only five of the 14 (36%) problematic children. They were unsuccessful in referring six (43%) cases. Of the remaining three, the resolutions of two were not recalled by staff, and one was partially successful from their point of view. The parents accepted a referral of their child to a speech therapist but resisted a subsequent attempt to refer both mother and child to a psychoanalytic therapeutic program.

For those families who accepted referrals to therapeutic programs, therapeutic staffs continued what day care staff had begun. With little knowledge of the parents' influence, if any, on a child's problem, therapeutic staffs assumed parents were, at least, partially responsible. Consider the following commonalities shared by the day care program and those therapeutic programs preferred by day care staff.

Part III

Commonalities Among the Day Care and Therapeutic Programs

Though day care and therapeutic staffs served different populations of children, those identified as normal vs. emotionally disturbed, their programs reflected the same common sensical themes and similar social organizational features. Therapeutic staffs, as day care staff, routinely took

responsibility for a child's proper development. Their major organizational goal was the correction of a child's emotional development. To achieve this goal, they maintained an affectful classroom milieu and fostered a child's attachment and dependence upon a particular staff member. As the social workers of the day care center, they fostered the establishment of affective bonds.

The establishment of affective bonds was attempted in a variety of ways. The ratio of staff to children in therapeutic classrooms was kept relatively large--approximately ranging from 1/5 to 1/1.5. Children intentionally were clustered in small groups in order to maximize the amount of individual attention each child received from adults. In addition, the adult paying most attention to a particular child often was assigned especially to that child as that "child's therapist" or that "child's teacher." Maximizing the amount of attention a child received from a particular adult was to lead to the child's dependence upon that adult.

It was important that a child form an attachment to a staff member; because a child's progress from one developmental stage to another was thought to depend upon such an attachment. Staffs generally believed that an emotionally disturbed child is one who, in conjunction with his/her primary caregiver (typically a mother), is not progressing from one stage to another in an appropriate manner. A form of treatment for faulty emotional development involves properly working through the stages. The staff member with whom a child had formed an attachment was the adult who worked with the child. That is, the "child's therapist" or the "child's teacher" took the role of primary caregiver and helped the child through the stages in an appropriate manner. In one program, this was called "corrective relationship therapy." According to a manual, the model for the therapist- or teacher-child dyad was the

"mother-child dyad," and the new "corrective relationship [was] designed to stimulate [for the child] the development of a new set of relationship experiences."

As staffs expected, these staff-child relationships were a source of conflict and competition. Program manuals alluded to conflict and competition over a child's affection between parents and staff. One described a treatment modality especially designed to deal with "competitive feelings" between parents and therapists, because "[t]he resolution of these conflicts" was thought to be "a crucial treatment issue."

As day care staff, therapeutic staffs routinely emphasized a parent's role in a child's development. A view of a parent as typically responsible for a child's misbehavior or faulty development was a part of their professional ideology. Consequently, therapeutic staffs tended to coordinate treatment of a child with treatment of a child's family, particularly parents.[7] Their therapeutic programs were structured to exclude a child from treatment if parents did not agree to receive treatment also or, at least, participate cooperatively in a child's treatment.

Initial contacts between staff and family reflected the staffs' commitment to the "joint, coordinated treatment of the child and family" both in terms of their format and the staffs' resulting diagnosis. For example, in one program, initial meetings were between staff and a child's entire family--i.e., child, parents, siblings, and others (e.g., grandparents) considered significant members of the family. Staff then assessed both a child's and a family's stage of development.

Though a problem was assessed in a manner implicating both child and parents and though both were treated, the assessment and treatment program tended to be based on a greater amount and more direct information on a child

than parents. For example, in one program, initial screening evaluations consisted of family interviews (including a developmental and social history) and psychiatric, psychological, physical, speech, language, audiological, and diagnostic play evaluations of a child. Additionally, in all the day school programs, staffs had opportunities to monitor a child's behavior on a daily basis, five days a week, over a range of activities similar to that provided at the day care center for normal children. In contrast, staffs interacted with parents in a limited number of contexts--typically formal interview or therapy sessions. These sessions were relatively infrequent--approximately ranging from once per month to once per week.

As day care staff, what therapeutic staffs understood about a child's family life in general or parents' child-rearing practices in particular tended to be assumed or inferred from a child's behavior within a therapeutic program. The validity of these inferences typically was not questioned by staffs but, on the contrary, taken for granted. A social worker from one program said, "First goal is to help the parent see the connection between their behavior and the child's problem." According to an annual report of another program, staff seek to enhance their understanding of the "inter-relationship of family problems and the play and verbal communication of preschool children." The director of a third program said that one of the primary bases for determining how much counseling a family needs is what staff "observe in the classroom." Staff of this program are described in a brochure as recognizing "that life and events in the home are reflected in behavior at school." These beliefs were reflected throughout the various therapeutic programs in the unit of treatment, enforced participation of parents in treatment, and the differential amount and quality of information gathered on a child in contrast to parents.

In general, day care and therapeutic staffs labeled both child and parents. Day care staff referred and therapeutic staffs treated both child and parents.

Status transitions of children and parents. The day care and therapeutic staffs' view and treatment of a young child as an incomplete person were significant in establishing a young child's normal social status as different from that of an adult. As an incomplete person, a child was viewed and treated as undeveloped, relatively undifferentiated, and dependent upon adults for his/her own developmental progress. A child was not attributed with responsibility for his/her own actions. Responsibility for a child's behavior typically was either taken by or attributed to the adults in a child's environment. Though staffs held a child accountable for his/her own actions as part of their effort to complete the incomplete person, a child could not make a transition from "proper person" to "improper person" as an adult labeled deviant does;[8] because a young child essentially was viewed as a nor person. A young child's normal social status vis à vis an adult emerges as one with which not only few rights are associated but few obligations as well.

The juxtaposition of the two common sensical themes, as mediated by the social organizational features of the day care and therapeutic programs, clearly marks parents as those adults most responsible for a child's misbehavior or faulty development. Playing out these themes in concert led to the referral and treatment of both child and parents. However, though a problematic child made a journey from a setting for normal children to one for emotionally disturbed children, parents, especially mothers, made this journey plus one more. Parents made a transition from proper to improper person. The idea at the day care center that a particular parent might be responsible for a child's problem eventually was reified. At a therapeutic setting, a parent became, in social fact, an agent responsible for his/her

own child's emotional disturbance.

DISCUSSION: IMPLICATIONS FOR LABELING THEORY

According to Mackay (1974), the general notion regarding a young child's development from a relatively incomplete, primitive state to a complete, fully socialized state (i.e., adulthood) can be found in the writings of most contemporary social scientists whose substantive focus is early childhood. Mackay wrote that children are viewed as

> ...incomplete--immature, irrational, incompetent, asocial, acultural depending on whether you are a teacher, sociologist, anthropologist, or psychologist. Adults, on the other hand, are complete--mature, rational, competent, social, and autonomous unless they are 'acting-like-children' (p. 181).

The assumption found in social scientific theories of socialization also is operative in social scientific methodological practices. Young children are viewed as incomplete and treated as unreliable sources of information. For example, according to Yarrow (1960),

> There has been a general reluctance to use the interview with children under 6 years of age because of the assumption that the preschool child's language comprehension, his language facility, and his lack of motivation to communicate preclude effective use of the interview (p. 563).

Data rarely are collected from young children. Even literature on child-rearing practices is based mostly on mothers' recollections (Webb et al., 1966; and Yarrow, Campbell, and Burton, 1968).

In general, labeling theorists have adopted the commonplace view of a child and the methodological practice of excluding information on or from

children as if it were irrelevant to their explications of labeling processes. Notable illustrations are in Goffman's (1961) and Scheff's (1963) works.

In Asylums, Goffman (1961) explained that orphanages and foundling homes will be excluded from the discussion of total institutions, because a child has no presenting culture or self-concept of which to be divested (pp. 12-13). It is at this point, the loss of a presenting culture and divestment of self-identity, where Goffman's analysis of the moral career of a mental patient begins. Note that Goffman's view of a child as an incomplete person is the reason why the data base for Asylums excludes information on or from young children.

In 1963, Scheff discussed nine propositions constituting a research framework for the study of mental illness. His fourth proposition was as follows: "Stereotyped imagery of mental disorder is learned in early childhood (p. 445)." Scheff noted that there were no substantiating studies in this area and expressed a need for such studies. However, by "early childhood," Scheff meant the first years of elementary school. Again, a young child was viewed as irrelevant to the study of labeling processes.

Labeling theory reflects the biases of the data in which it is grounded. It seems most relevant for populations of adults rather than equally relevant for populations of adults and young children. Data from the day care and therapeutic programs illustrate the need to specify labeling theory in accordance with differentials in status and status transitions.

A young child's normal social status consisted of viewing and treating a child as an incomplete person--undeveloped, undifferentiated, dependent upon adults, and not responsible for his/her own actions. A young child, once labeled, did not become an improper person. Though differentiated from normal children of the same age, the labeled child remained an incomplete

person--undeveloped, dependent upon adults, and not responsible for his/her own actions. The overlap in a young child's normal and deviant social statuses suggests that the rite of transition for a young child is not necessarily as sharp as labeling theorists describe for adults. Important qualities of a young child's normal status remained intact during the labeling process and after a judgment. Similarities in a young child's normal and deviant statuses also call into question the "irreversibility" of a stigma, discussed by labeling theorists, especially in the case of a young child who is "cured" prior to becoming a complete person.

Insofar as a young child is not held responsible for his/her own actions, a labeled child likely will be processed through a mental health system as opposed to a legal system. In our society, processing a person through a legal system is tantamount to holding a person responsible for his/her own actions. Consequently, a rite of transition for a young child, in contrast to that of an adult, is more likely to involve a confrontation in the context of a psychiatric conference rather than a trial, a judgment in terms of a diagnosis rather than a verdict, and a placement in a mental health facility rather than a prison. Hence, a young child, in contrast to an adult, is more likely to be assigned the role of patient rather than prisoner.

The normal status of an adult included viewing and treating an adult as responsible for his/her own actions. In being assigned the role of prisoner, a labeled adult may maintain this quality of the normal adult status. However, in being assigned the role of mental patient, a labeled adult may lose this quality. As Szasz (1970) suggested, one of the sharpest rites of transition may be experienced by adults labeled mentally ill and processed through a mental health system. As a mental patient, an adult may lose an important quality of his/her normal social status and gain an important quality

of a young child's status--relief from responsibility for one's own actions. In an important respect, an adult as mental patient may be viewed and treated as a child.

While labeling theorists uncritically adopted a commonplace view of a young child, they also omitted from consideration a commonplace explanation for the etiology of deviance. Professional ideologies regarding the etiology of deviance can shape social organizational features of programs for processing deviants. (See Strauss, et al., 1964.) These, in turn, impact upon labeling and referral processes and, hence, status transitions. The psychoanalytic orientation of the day care and therapeutic staffs had a major impact on the labeling processes experienced by problematic children and their parents. The impact of a psychoanalytic orientation led to multiple labeling--a labeling of child and parents. A child did not stand alone during the labeling process. Parents were confronted; and both child and parents were judged, referred, and assigned deviant roles.

The implications of the data from the day care and therapeutic programs for labeling theory do not lie in the specifics of labeling processes--a more or less sharp rite of transition, a reversible or irreversible stigma, a solo or multiple labeling of persons. The theoretical implications are in highlighting differentials in labeling processes due to differentials in social status and the organized ideology and practice of agents of control. Labeling processes are shaped by common sensical and social organizational factors, and these factors are variable.

Table 1

Frequency of the Content of Messages to Parents (as Indicated in Parents' Reports) by Type of Staff Member

Content*	Teacher	Social Worker	Director	Total
Child-rearing practices	9	11	6	26
Cognitive development	11	4	4	19
Behavior	8	3	3	14
Emotional development	2	8		10
Personality characteristic	2	4	3	9
Social development	5	2		7
General progress	3	4		7
Puppet play/Dreams		6		6
Physical development	4		1	5
Referral		1	3	4
Misc. information	1	1	1	3
Total	45	44	21	110

*Examples of the different contents are as follows: Messages on child-rearing practices include advice such as meet the child half way and do not spank the child. Messages on cognitive development include statements such as the child picks up things fast and will do well in school. Messages on behavior are reports such as the child is fooling around, hitting, fighting. Messages concerning emotional development include information on the child's nervousness and fears. Messages on personality include statements such as the child is stubborn and the child is generally good or wonderful. Messages on social development involve information on a child's leadership qualities, particular friendships, and general group participation. Messages on general progress are ambiguous statements such as the child has made progress or the child has improved. Messages on puppet play or dreams involve general descriptions of what is taking place during puppet play sessions. Messages concerning the child's physical development include discussions of allergies, cataracts, and digestive problems. Messages on referrals involve information on referring a child to a therapeutic agency or professional for special help. Messages on miscellaneous information include discussions on how young children generally behave and what a child did on any given day.

FOOTNOTES

[1]Anna Freud (1935), in one of her lectures to teachers of the Viennese children's centers, indirectly commented on the transformation of commonplace beliefs regarding a family's influence on a child's development into integral and elaborated elements of psychoanalytic thought:

> You were quite aware of the fact, long before I lectured to you, that the child's character is greatly influenced by experiences in the home. On the other hand, you feel that I have placed before you these simple facts with much exaggeration (p. 41).

[2]For example, among day care staff, Piaget's work on cognitive development was an important influence on their program. Though Piaget (e.g., 1967) characterized a young child as a little theorist who can operate quite well without any intervention from adults, day care staff interpreted Piaget's work in such a fashion that their role in a child's development became a crucial one. The latter notion, implying a child's dependence upon adults for developmental progress, is consistent with a psychoanalytic orientation. Accordingly, day care staff took responsibility for providing children with an environment that was replete with objects and where children could actively explore and experiment with these objects.

[3]A detailed discussion of the data base appears elsewhere (Barbera-Stein, 1979:46-82).

[4]This statistic was derived from the number of agencies listed under "Children--Day Care Special (Centers and Schools for Emotionally and Socially Disturbed)" in the Social Service Directory (Council for Community Services in Metropolitan Chicago, 1974), as well as from the responses of staff to questions concerning the referral of children.

[5]The most severe form of punishment used by staff was placement of a child in a cubby. Cubbies were open lockers, typically containing a child's personal belongings. They were half the height of lockers used by adults but big enough for a small child to sit in.

[6]There was only one situation where giving the right answer was deemed inappropriate by staff. Staff reprimanded children who spoke out of turn in situations where children were supposed to take turns in displaying their cognitive ability.

[7]The degree to which a therapist should involve parents in a child's treatment has been debated theoretically among psychoanalytically-oriented therapists (A. Freud, 1965:48). Practices vary widely, ranging from the exclusion of parents from a treatment program (e.g., Bettelheim, 1950, 1955, and 1967) to the "opposite extreme of treating them for the child's disturbance in preference to analyzing the child himself (A. Freud, 1965:48)."

[8]See Krause (1978) for a discussion of proper and improper persons. Also, though this terminology is not used by Garfinkel (1956), a transition from proper to improper person is implied in the article, "Conditions of Successful Degradation Ceremonies."

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